

INSTRUCTIONS/CHECKLIST FOR COMPLETING AN APPLICATION TO PRACTICE AS A SCHOOL SPEECH-LANGUAGE PATHOLOGIST IN VIRGINIA

READ THE FOLLOWING INFORMATION CAREFULLY BEFORE PROCEEDING:

- **Laws and Regulations:** Application requires an attestation to having read the applicable [laws and regulations](#).
- **School Practice:** Review [Guidance Document 30-8.doc](#) regarding practice in a public school setting.
- **Application processing and documentation:** Applicant is responsible for notifying the source of the required documents to submit information directly to the board office by email, fax or postal mail. Optional forms for [licensure](#) and [employment](#) verification are attached, if needed. Please allow 21 business days from initial mailing for board staff to receive and process an application. An initial email will be forwarded that provides notification of receipt and a list of any missing application documentation.
- **Application and fee:** Application and fee must be submitted together by postal mail. An application fee of **\$70.00** is required; make check or money order payable to the "Treasurer of Virginia." If you have ever held a license issued by the Virginia Board, you must apply by [reinstatement](#). **All fees are nonrefundable.**
- **Initial license expiration dates:** Licenses issued prior to January 1 of the current year will expire on June 30 of the following year (example: License issued December 1, 2020 will expire on June 30, 2021). Licenses issued on or after January 1 of the current year expire on June 30 of the second year (example: License issued January 2, 2021 will expire June 30, 2022).
- **Board Communication:** The Board's method of communication with applicants is via email.

APPLICATION METHOD AND REQUIRED DOCUMENTATION:

- Verification of a Masters or Doctoral degree in speech-language pathology.
- [Verification](#) for all speech-language pathology licenses ever held, including expired, in another U.S. jurisdiction. (**Note:** SSLPs do not include teaching certificates.)

APPLICATION FOR SCHOOL SPEECH-LANGUAGE PATHOLOGY LICENSURE IN VIRGINIA

Full Name (Please Print or Type)

Last:	First:	Middle Initial:		
Have you ever been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state in full every name by which you have been known. If the name stated above does not match name on required documentation, a copy of legal name change (i.e. marriage license or divorce) is required.				
Other names:				
Public Address for Disclosure:	City:	State:	Zip Code:	Telephone Number:
Address of Record (Mailing Address):	City:	State:	Zip Code:	Telephone Number:
ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals are not posted on the License Lookup program available through the board's website .				
*Social Security No. or Virginia DMV No.	Date of Birth (mm/dd/yyyy)	Email Address: Public <input type="checkbox"/> Private <input type="checkbox"/>		
Are you active-duty military?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) On federal active duty orders; or 2) A veteran who has left active duty service within one year of submission of this application?				YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Graduation Date (mm/dd/yyyy)	Professional Degree(s)	School	City	State

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

ORIGINAL ISSUE DATE: _____ EXPIRATION DATE: _____

APPLICANT #	FEE	RECEIPT #	EXEC DIRECTOR APPROVAL/DATE	LICENSE #	REINSTATE DATE

1. List passage date (mm/dd/yyyy) of qualifying national examination:						
2. Have you actively been engaged in the practice of speech-language pathology prior to seeking reinstatement of licensure in Virginia?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. ASHA certification number:						
4. List all professional practice in chronological order (use additional paper if needed).						
Began Date mm/dd/yyyy	End Date mm/dd/yyyy	Name of Practice/City/State/Phone			Type of Practice (Private or Public Sector)	
5. List all U.S. jurisdictions in which you have ever been issued a professional license, including expired, to practice speech-language pathology (does not include teaching certificates issued by the Department of Education). If more space is required, please record on separate paper.						
Jurisdiction	License #	Issue Date (mm/dd/yyyy)	Years of Practice	License Status (active/expired/inactive/revoked/suspended)		
QUESTIONS MUST BE ANSWERED. If any of the following questions (6-12) are answered yes, explain and provide documentation. Letters must be submitted by your attorney regarding malpractice suits.						
6. Have you ever been convicted of a violation of, or pled Nolo Contendere to, any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor, to include convictions for driving under the influence (DUI) and excludes traffic violations? Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters, etc.)					YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? (A) Please provide a full explanation (use a separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No					YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Within the past five years, have you been disciplined by any entity? (A) Please provide a full explanation and any associated orders or letters from the entity (use a separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No					YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>9. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist.</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>10. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist.</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>11. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing speech-language pathologist.</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>12. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?</p> <p>If yes, please provide a full explanation (use separate page). (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

13. AFFIDAVIT OF APPLICANT

I have carefully read the laws and regulations related to the practice of speech-language pathology. I hereby agree to abide by and remain current with the applicable [laws and regulations](#), which are available on the Board's [website](#).

I certify by entering my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process are considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Signature of Applicant